

Application of Doctor's Hypothesis

Submit in Form PFD-575

Application or Docket Number
10-702971

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

(Column 1)

(Column 2)

RATE (\$)	FEE (\$)
	150
X	
X	
TOTAL	

OF

RATE (\$)	FEE (\$)
	300
K =	
K =	
TOTAL	

MULTIPLE DEFENDENT CLAIM PRESENT (37 CFR 1.160)

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

02

OTHER THAN
SMALL ENTITY

(Column 1)

(Column 2)

(Column 3)

RATE (\$)	ADDITIONAL FEE (\$)
\$25	
\$100	
180	
TOTAL	
ADDRESS	

42

RATE (\$)	ADDITIONAL FEE (\$)
50	
200	
360	

FIRST PRESENTATION OF MULTIPLE DIFFERENT CLINICAL SYNDROMES (P. 014)

TOTAL
2021 FEB 2021

1992

DATE	TIME
25	
X 100	
180	
TOTAL	
ADDL FEE	

Of.

50	
200	
360	
TOTAL	
400.00	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

11 If the "Highest Number Previously Paid For" is 14 TRUS-SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For ON THIS SPACE" is less than 3, enter "3"

The "Highest Number Previously Paid For (Total or Independent)" is the highest number found in the appropriate box in column 1.

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